

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 26/12/2020 13:26 (SGT)  
Date of Accident ..... 24/12/2020 13:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKM6914A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Downtown Travel Services Pte Ltd  
Company Reg No ..... 198403671H  
Email Address ..... aziz@tchospitality.asia  
Mobile Phone No ..... (Phone) +65-94878882  
Alternative Phone No ..... (Office) +65-67038022

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... March  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 99993918/100855898-00000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Hamidah Bte Suleiman@Hamidah Bte Buang  
Passport No/FIN ..... S1704121E  
Date Of Birth ..... 12/05/1965  
Occupation ..... Indoor

Date Of Driving Pass .....	15/10/1987
Driving experience .....	33 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91462557
Alt. Phone Number .....	-
Email Address .....	hamidah@tchospitality.asia
Address .....	Blk 704 West Coast Road
Address complement .....	#07-413
Postcode .....	120704
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ALYSON ONG
Gender .....	Female

#### PASSENGER 2

Name .....	RAFIZAH YAZAM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

See Attached Sketch Plan

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJE4144Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEO TEE SENG
Passport No/FIN .....	S1529612G
Contact Number .....	(Phone) +65-90289967
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

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## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



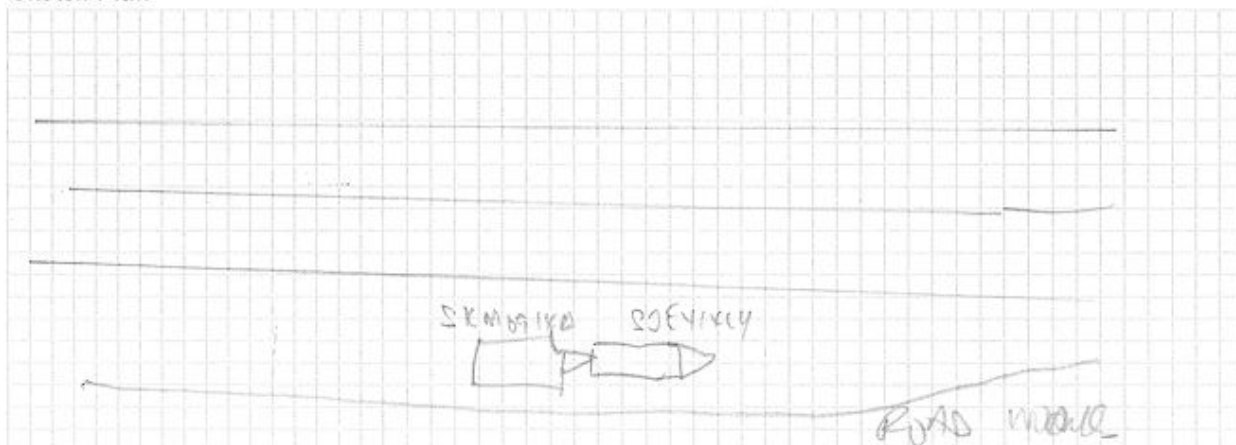
SALES PTE LTD  
17 Toa Payoh Lorong 8  
Singapore 319254  
Tel: 6357 0755 Fax: 6356 4922

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

On 24TH DECEMBER 2020 @ 13:30HRS TRAVELLING AT PIE. <sup>MC</sup> AND IT'S  
 WAS RAINING. THE FRONT CAR NO. 8JE 4144Y STOP AND I APPLY BRAKE AND  
 ITS DOESN'T WORK. A THE CAR SLIDE HIT THE FRONT VEHICLE NO. 8JE 4144Y

Declaration

I/We declare the foregoing particulars are true in every respect.

TAN CHONG MOTOR SALES PTE LTD  
 17 Toa Payoh Lorong 8  
 Singapore 319254 Tel : 67038012  
 Tel: 6357 0756 Fax: 6356 4922



Policyholder's Signature / Date &  
 Time

Driver's Signature (If driver is not the policyholder) / Date  
 & Time

Witnessed by Reporting Centre  
 Personnel

































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# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 450

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$800.00	(1)
	WINDSCREEN EXCESS	S\$100.00	
CERTIFICATE NO. 999993918/100855898-00000	(The policy is with effect from 1st January 2020)		
	SUM INSURED	S\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SKM6914A		
2) NAME OF INSURED	Downtown Travel Services Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2020		
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			
Any person who is driving on the Insured's order or with their permission.			
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>			
6) LIMITATION AS TO USE *			
<p>Use for the carriage of passengers or goods in connection with the Insured's business.          Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.          The Policy does not cover</p>			
<p>1) Use for racing, pace-making, reliability trial or speed-testing.          2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.          3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>			
LOSS OF USE NOT INCLUDED			
* NAMED DRIVER N/A			
HIRE PURCHASE COMPANY NA			
<p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings</p>			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued At Singapore 30 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000034-000  
 DIRECT CLIENTS 01-4-95  
 AIG BUILDING  
 76 SHENTON WAY #07-16  
 SINGAPORE 079120

Authorised Representative

ORIGINAL

SGPBIB